



## Federal Update for December 1 - 5, 2014



### ***VA Expands Eligibility for VA Health Care Related to Military Sexual Trauma***

Washington, DC – The Department of Veterans Affairs (VA), under authority from the Veterans Access, Choice, and Accountability Act of 2014 (“VACAA”), today announced expanded eligibility for Veterans in need of mental health care due to sexual assault or sexual harassment that occurred during their military service. This trauma is commonly known as military sexual trauma (MST).

This expansion, which primarily pertains to Reservists and National Guard members participating in weekend drill, gives the authority to offer Veterans the appropriate care and services needed to treat conditions resulting from MST that occurred during a period of inactive duty training.

“VA simply must be an organization that provides comprehensive care for all Veterans dealing with the effects of military sexual trauma,” said VA Secretary Robert A. McDonald. “Our range of services for MST-related experiences are constantly being reexamined to best meet the needs of our Veterans.”

Secretary McDonald met last week with Ruth Moore, a Navy Veteran and MST survivor for whom the Ruth Moore Act of 2013 is named. Ms. Moore will be working with VA to ensure that survivors are treated fairly and compassionately, and that Veterans with MST can access fair compensation exams and access health care practitioners who are trained in understanding and working with MST issues.

VA works closely with trauma survivors to ensure a full continuum of health care services are provided to assist Veterans recovering from experiences of MST. Recognizing that MST survivors may have special needs and concerns, every VA health care facility has an MST Coordinator who serves as a contact person for MST-related issues. Every VA medical center and Community-based Vet Center offers MST-related outpatient counseling.

Currently, all VA health care for mental and physical health conditions related to MST is provided free of charge. Veterans do not need to have a service-connected disability or seeking disability compensation to be eligible for MST-related counseling and care. Veterans also do not need to have reported such incidents to the Department of Defense or possess documentation or records to support their assertion of having experienced such trauma. The determination of whether a Veteran's condition is MST-related is strictly a clinical determination made by the responsible VA mental health provider. Finally, Veterans need not be enrolled in VA's health care system to qualify for MST-related treatment, as it is independent of VA's general treatment authority.

In addition to treatment programs, VA also provides training to staff on issues related to MST, including a mandatory training on MST for all mental health and primary care providers. VA also engages in a range of outreach activities to Veterans and conducts monitoring of MST-related screening and treatment, in order to ensure that adequate services are available.

Veterans can learn more about VA's MST-related services online at [www.mentalhealth.va.gov/msthome.asp](http://www.mentalhealth.va.gov/msthome.asp) and see video clips with the recovery stories of Veterans who have experienced MST at <http://maketheconnection.net/conditions/military-sexual-trauma>.

## ***Chuck Hagel is Stepping Down***

Defense Secretary Chuck Hagel is stepping down as defense secretary, after less than two years on the job. A senior administration official confirmed Hagel's resignation to Defense One. "Over the past two years, Secretary Hagel helped manage an intense period of transition for the United States Armed Forces, including the drawdown in Afghanistan, the need to prepare our forces for future missions, and tough fiscal choices to keep our military strong and ready. Over nearly two years, Secretary Hagel has been a steady hand, guiding our military through this transition, and helping us respond to challenges from ISIL to Ebola," the official said. "In October, Secretary Hagel began speaking with the president about departing the administration given the natural post-midterms transition time. Those conversations have been ongoing for several weeks." "A successor will be named in short order, but Secretary Hagel will remain as Defense Secretary until his replacement is confirmed by the United States Senate," the official said.

Hagel, 68, has been under mounting pressure in recent months as a growing number of national security problems have clouded the Obama administration, from Russian aggression and the threat of the Islamic State to scandals and budget cuts in the Defense Department. His resignation was first reported by The New York Times. Hagel was brought in to lead the Pentagon after the war in Iraq ended, the war in Afghanistan wound down and deep budgets cuts became the new normal. After a contentious and bumbling Senate confirmation hearing in early 2013, Hagel stepped into the top job at the Pentagon as a quiet, unassuming leader. He used his experience as a former Republican senator to try to reverse budget cuts known as sequestration, led the pivot to the Asia-Pacific region and became a voice of caution for the use of military force across the globe. But quickly, Hagel became entrenched in combating a number of conflicts and threats around the world, and several scandals inside the Defense Department, including a rise in sexual assaults and problems within the nuclear force.

On the short list to replace Hagel are his fellow Vietnam veteran and close friend Sen. Jack Reed, D-R.I., former Deputy Defense Secretary Ash Carter and Michele Flournoy, former undersecretary of defense for policy. Though Hagel never enjoyed high marks, a Defense One survey released earlier this month showed that his approval rating was just 26 percent. At the time, Pentagon Spokesman Rear Adm. John Kirby said, "The secretary is focused on his job making sure men and women in uniform and their families have all the support for the mission they've been assigned. That's his focus." [Source: Defense One | Stephanie Gaskell | Nov. 24, 2014 ++]

## ***POW/MIA Recoveries***

"Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II (73,539) Korean War (7,877), Cold War (126), Vietnam War (1,642), 1991 Gulf War (0), and OEF/OIF (6). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to

[http://www.dtic.mil/dpmo/accounted\\_for](http://www.dtic.mil/dpmo/accounted_for). For additional information on the Defense Department's mission to account for missing Americans, visit the Department of Defense POW/Missing Personnel Office (DPMO) web site at <http://www.dtic.mil/dpmo> or call or call (703) 699-1169. The remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:

**Vietnam – none**

**Korea**

The Department of Defense POW/Missing Personnel Office (DPMO) announced 17 NOV that the remains of a U.S. soldier, missing from the Korean War, were recently identified and will be returned to his family for burial with full military honors. Army Cpl. Donald D. Skeens, 19, of Denver, Ky., will be buried Nov. 30, in Paintsville, Ky. On Sept. 3, 1950, Skeens and elements of Company E, 2nd Battalion, 27th Infantry Regiment, 25th Infantry Division, were overrun by enemy forces near Haman, South Korea. After the battle, Skeens was reported as missing in action. In 1951, Korean National Police recovered remains associated with the battle and turned them over to U.S. officials. The U.S. Army was unable to identify Skeens' remains at the time, and he was buried as "unknown" in the U.N. Cemetery at Tanggok, South Korea. Later that year, the U.S. consolidated cemeteries on the peninsula and the remains were sent to the U.S. Army's Central Identification Unit in Kokura, Japan, to determine whether they could be identified. When scientific analysis determined identification of the remains was not possible, Skeens' remains were transferred to the National Memorial Cemetery of the Pacific in Hawaii and reinterred as "unknown." In 2011, due to advances in identification technology, analysts from DPMO and the Joint POW/MIA Accounting Command (JPAC) reevaluated the information associated with the remains interred in Hawaii and concluded that they could likely be identified. In the identification of Skeens' remains, scientists from the JPAC used circumstantial evidence and forensic identification tools, including skeletal comparison.

The Department of Defense POW/Missing Personnel Office announced 25 NOV that the remains of U.S. servicemen, missing in action from World War II, have been accounted for and are being returned to their families for burial with full

military honors. The following Army Air Forces personnel have been accounted for and will be buried with full military honors.

- 1st Lt. William D. Bernier, 28, of Augusta, Mont.
- 1st Lt. Bryant E. Poulsen, 22, of Salt Lake City, Utah
- 1st Lt. Herbert V. Young Jr., 23, of Clarkdale, Ariz.
- Tech Sgt .Charles L. Johnston, 20, of Pittsburgh, Penn.
- Tech Sgt. Hugh F. Moore, 36, of Elkton, Md.
- Staff Sgt. John E. Copeland, 21, of Dearing, Kan.
- Staff Sgt. Charles J. Jones, 24, of Athens, Ga.
- Sgt. Charles A. Gardner, 32, of San Francisco, Calif.

Gardner will be buried Dec. 4 in Arlington National Cemetery near Washington, D.C. On April 10, 1944, Gardner, along with 11 other B-24D Liberator crew members took off from Texter Strip, Nazdab Air Field, New Guinea, on a mission to attack an anti-aircraft site at Hansa Bay. The aircraft was shot down by enemy anti-aircraft fire over the Madang Province, New Guinea. Four of the crewmen were able to parachute from the aircraft, but were reported to have died in captivity. Following World War II, the Army Graves Registration Service (AGRS) conducted investigations and recovered the remains of three of the missing airmen. In May 1949, AGRS concluded the remaining nine crew members were unrecoverable. In 2001, a U.S.-led team located wreckage of a B-24D that bore the tail number of this aircraft. After several surveys, the Joint POW/MIA Accounting Command (JPAC) teams excavated the site and recovered human remains and non-biological material evidence. To identify Gardner's remains, scientists from JPAC and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools, including, mitochondrial DNA, which matched Gardner's maternal niece and nephew.

[Source: [http://www.dtic.mil/dpmo/news/news\\_releases/](http://www.dtic.mil/dpmo/news/news_releases/) November 28, 2014 ++]

## ***VA Burial Delays Update ► Oversight Bill to Decrease Delays***

A bill aimed at decreasing recent delays in veteran burials by giving Congress new VA oversight got a push forward from lawmakers 20 NOV. A Senate version of the bill requiring the VA to report any burial delays longer than 30 days was introduced by Sen. Dean Heller, R-Nev., following a filing earlier this year in the

House, which boosted the odds Congress may act to pass the new reporting rules before the end of the year. Reports have sprung up around the country that deceased vets are waiting months to be interred in the Department of Veterans Affairs' system of national cemeteries. "This legislation will keep the VA accountable for ensuring every veteran receives a proper burial in a timely manner," Heller said in a joint released statement with Rep. Ed Royce, R-Calif., the House sponsor.

Under the bill, the VA would be required to track and record any burials not completed within a month as well as the names of the entities that are responsible for the bodies, including local medical examiners, funeral directors, and county service groups. Data on the burial delays would be collected in an annual report and given to the House and Senate veterans' affairs committees, according to the bill language. Reports of delays are only one of the recent headaches for the VA, which is working on a massive overhaul following a scandal over patient wait times in his nationwide veteran health care system. The agency oversees a system of 131 cemeteries and burial rights for veterans.

Over the past year, there have been media reports of long delays for deceased veterans at facilities in California and elsewhere. Royce cited a May report by the Los Angeles Times that 52 unclaimed veteran bodies had accumulated in the Los Angeles County morgue in his home state. "While the quality of the healthcare that veterans receive has been in the news lately, our veterans deserve the same attention when it comes to their burials," Royce said in the statement. Still, the legislation is likely to face steep odds. Both chambers of Congress left Washington on 20 NOV and are not scheduled to return until after Thanksgiving. Next month, lawmakers will only have a couple of weeks to pass crucial budget and war bills and other issues may get pushed aside. [Source: Stars & Stripes | Travis J. Tritten | Nov. 21, 2014 ++]

## ***GI Bill Update ► For-Profit Schools Complaints***

In mid-NOV the Center for Investigative Reporting revealed that while 'thousands of veterans have filed formal complaints against colleges alleging a range of problems including deceptive marketing, fraud and poor education,' the U.S. Department of Veterans Affairs (VA) has completed a review of only 324 of them, according to an internal agency document obtained by CIR. The VA launched an

online complaint system in January amid growing concern about the exploitation of veterans by for-profit colleges. These schools have received billions of dollars through the Post 9/11 GI Bill. VA has logged nearly 2,400 complaints but has only resolved less than 15 percent of them. Overall, about 40 percent of the complaints the VA reviewed were leveled against for-profit colleges, while another 40 percent were lodged against public schools. The rest were against private nonprofit schools, flight schools and on-the-job training programs. VA has said in the past that detailed information about student veteran complaints would be contained in an in-depth report to be published this October. That has not happened. [Source: TREA News for the Enlisted Nov. 24, 2014 ++]

## ***VA Appointments Update ► RFP Issued for MASS***

As part of The Department of Veterans Affairs' (VA) ongoing effort to improve Veterans' access to healthcare, VA announced it has issued a Request for Proposal (RFP) for a new Medical Appointment Scheduling System (MASS). The new MASS technology will help improve access to care for Veterans by providing schedulers with state-of-the-art, management-based scheduling software. "When it comes to the care of our Veterans, we want the best technology the American marketplace can provide," said VA Secretary Robert McDonald. "A new and innovative scheduling system is an essential tool we must have in place to enable us to provide our Veterans with timely and high quality health care." The new system will replace a legacy scheduling system that has been in use at VA since 1985. VA's acquisition approach for the new scheduling solution remains full and open; any qualified vendor may compete. Potential bidders are not required to have prior experience working with VA. Proposals are due on January 9, 2015.

VA released a draft "Performance Work Statement" to maximize industry and stakeholder input. The feedback received from industry has been used to refine the requirements included in the final RFP. "We are seeking vendors who will work closely with us and can meet our timeline," said VA Chief Information Officer Stephen Warren. "We are dedicated to finding the right partner to help us create and implement our modern scheduling system." The RFP requires industry to demonstrate technical capabilities via two methods; submission of a written proposal and participation in a structured product demonstration to evaluators (which include VA scheduling staff). VA expects to award the contract by the spring of 2015.



The selected bidder will be tasked to provide a system that focuses on an achievable schedule to deliver core capabilities to all VA medical facilities within the first two years of the contract. Remaining capabilities will be implemented nationally in a series of incremental enhancements throughout the contract period of performance. In addition to industry and stakeholder engagement, VA officials also worked with Veteran Service Organizations and the Northern Virginia Technology Council to better understand the needs of Veterans and incorporated the group's feedback in the design of the RFP. To improve services to Veterans, VA also made several near-term modifications to its current system:

- VA awarded a contract to improve the existing scheduling interface, providing schedulers with a calendar view of resources in lieu of the current text-based, multiple-screen view. The update is scheduled to begin rollout January 2015.
- VA is developing mobile applications allowing Veterans to directly request certain types of primary care and mental health appointments (scheduled to begin deployment December 2014).
- VA rolled out new clinical video telehealth capabilities in 2014 providing service to more than 690,000 Veterans. [Source: VA News Release Nov. 21, 2014 ++]

## ***VA Data Breaches Update ► GAO Report on IT Security***

The Department of Veterans Affairs information security weaknesses are again in the crosshairs of the House Veterans' Affairs Committee. Ahead of congressional testimony before the committee 18 NOV, a Government Accountability Office report and prepared testimony by VA officials and the agency's internal inspector general detail how the agency has failed to fully address a slew of previously identified vulnerabilities. One of the most damning findings from auditors concerns the steps VA took to handle a network intrusion in 2012, shortly before the Office of Information Technology disclosed that external espionage groups had been infiltrating VA networks since 2010. While the agency analyzed the incident and documented the actions it took, it was unable to produce a forensic analysis report of the incident to show its actions were effective, according to GAO.



In addition, VA still “has not addressed an underlying vulnerability” that allowed the intrusion to take place, according to GAO, meaning increased odds of a similar event occurring through the same kind of attack. The GAO report also suggests VA’s policies hinder its Network and Security Operations Center – or NSOC – from policing activity logs on the agency’s networks. In turn, that prevents the agency from knowing whether incidents have been appropriately addressed. The issues were not limited to the 2012 network intrusion, either. The security center later identified vulnerabilities in two key Web applications used by the agency, according to GAO. But VA “did not develop plans of action and milestones for correcting the vulnerabilities.” In other words, the agency knew about the flaws, yet did next to nothing to mitigate them.

Employee-used workstations and laptops were the source of other major vulnerabilities VA didn’t properly address. According to GAO, “10 critical software patches,” available for up to 31 months, were not applied to workstations despite VA policies mandating such patches be applied within 30 days. “There were multiple occurrences of each missing patch, ranging from about 9,200 to 286,700, and each patch was to address an average of 30 security vulnerabilities,” the report stated. VA decided not to apply three of the 10 patches until it could test their impact on its applications. However, VA did not document compensating controls or plans to migrate to systems that support up-to-date security features. “Until VA fully addresses previously identified security weaknesses, its information is at heightened risk of unauthorized access, modification and disclosure and its systems at risk of disruption,” the report stated.

- In prepared testimony, Sondra McCauley, VA’s deputy assistant inspector general, noted IT controls have appeared as a “material weakness” in annual Federal Information Security Management Act audits for the past 15 years. “It is particularly disconcerting that a significant number of vulnerabilities we identified at VA data centers are more than five years old,” McCauley said. “In addition, inconsistent application of vendor patches designed to address such weaknesses jeopardize the data integrity and confidentiality of VA’s financial and sensitive information.”
- In prepared remarks, Stephen Warren, VA’s chief information officer (CIO), focused on the department’s positives in 2014. The department, he said, became the first cabinet-level agency to employ continuous

monitoring, improved its posture relative to FISMA auditing and improved its cybersecurity efforts. Warren, who heads VA's IT efforts, said VA's biggest vulnerability "is not technical," but rather that physical exposure of VA data "is the most significant risk facing our information security posture." Phishing links, lost electronic devices and mailing sensitive records to the wrong individual account for a large portion of human-based risks at VA, which employs some 300,000 people. "Over 98 percent of the sensitive data exposure at VA is due to paper or human error-based incidents," Warren testified. "Network and system safeguards are not technical absolutes – we must constantly remain vigilant in preventing human error."

Moving forward, the OIG statement notes emerging IT security concerns at VA, including VA's implementation of production systems with temporary authorities to operate; VA's cloud computing use; personally identifiable information transferred over unsecure Internet connections and foreign hackers. "IT shortfalls mean not only exposure of millions of veterans to potential loss of privacy, identity theft, and other financial crimes, they also constitute poor financial stewardship of taxpayer dollars," McCauley said.

The GAO report is particularly enlightening considering the depth and breadth of VA's IT failings in the past, having once had to pay \$20 million to veterans for exposing them to identity theft in 2006 via a stolen laptop. VA systems contain personally identifiable information, or PII, for close to 20 million veterans, and while the agency offers free credit monitoring for veterans in the event of a data breach, that's a reactive measure. Still, VA's troubles are indicative of agencies across government. According to an April GAO report, data breaches reported across the federal government have increased in recent years, reaching 25,566 incidents in 2013. When breaches do occur, agencies are only able to demonstrate they took the correct steps in response to a cyber-incident about 65 percent of the time. [Source: Next.gov | Frank Konkel | Nov.18, 2014 ++]

## **VA Choice Cards Update ► Phase 2 Implemented**

The Department of Veterans Affairs (VA) today announced that it began mailing Veterans Choice Cards on 17 NOV to Veterans currently waiting more than 30-days from their preferred date or the date that is medically determined by their

physician for an appointment at a VA facility. “VA continues to focus on implementation of this new temporary benefit so that Veterans receive the timely quality care they need in a way that reduces confusion and inefficiencies,” said Secretary Robert A. McDonald, who penned an open letter to Veterans announcing the implementation of the Choice Card program.

The Choice Program is a new, temporary benefit that allows some Veterans to receive health care in their communities rather than waiting for a VA appointment or traveling to a VA facility. The first round of cards along with a letter explaining the program was issued on 5 NOV to Veterans who are eligible based on their place of residence. VA is now engaging in the next phase of its rollout –eligibility explanation letters are being sent to Veterans waiting more than 30 days from their preferred date to be seen or considered medically necessary by their physician.

To improve service delivery, VA has prioritized efforts to accelerate Veterans off of wait lists and into clinics through the Accelerated Care Initiative begun over the summer. Through this initiative, VA medical centers have increased access to care inside and outside of VA, added more clinic hours and work days, deployed mobile medical units and shared their best practices from VA’s high-performing facilities throughout the organization. Nationally, the following significant improvements have been seen:

- Scheduling more than 1.2 million more appointments in the past four months than in the same period last year. In total, VA medical centers have scheduled over 19 million Veteran appointments from June to October 1, 2014;
- Reducing the national new patient Primary Care wait time by 18 percent;
- Completing 98 percent of appointments within 30 days of the Veterans’ preferred date, or the date determined to be medically necessary by a physician;
- Authorizing 1.1 million non-VA care authorizations, a 47-percent increase over the same period last year; and
- Increasing the amount of time providers could deliver care to Veterans by increasing the amount of clinic hours in primary and specialty care and through adding weekend and evening clinics at our medical centers.

VA is America's largest integrated health care system with over 1,700 sites of care, serving approximately 9 million Veterans enrolled in health care services. The Choice Program is part of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA), enacted nearly three months ago, to enable VA to meet the demand for Veterans' health care in the short-term. For more information about the Choice Program, call 1-866- 606-8198 or visit <http://www.va.gov/opa/choiceact>. [Source: VA Press Release Nov. 18, 2014 ++]

## ***VA Health Care Access Update ► 30+ Day Wait Times Persist***

More than 600,000 veterans — 10% of all the Veterans Affairs patients — continue to wait a month or more for appointments at VA hospitals and clinics, according to data obtained by USA TODAY. The VA has made some progress in dealing with the backlog of cases that forced former secretary Eric Shinseki to retire early this year. For instance, the VA substantially cut the overall number of worst-case scenarios for veterans — those who had waited more than four months for an appointment. That figure dropped from 120,000 in May to 23,000 in October. Much of that improvement occurred because patients received care from private providers.

Since May, the VA has reduced the number of veterans waiting longest for care — its top priority — by 57%, according to James Hutton, a VA spokesman. From June to September, the VA completed 19 million appointments, an increase of 1.2 million compared with the same time last year. "VA's goal continues to be to provide timely, high quality healthcare for veterans," Hutton said in a statement. "Veterans and VA employees nationwide understand the need for reform, and VA is committed to putting these reforms into place. And while we have significantly improved capacity and access to care, we have not yet achieved our intended state — systemic and timely access across the board. It will be an ongoing and significant effort to reach our goals." To recruit more health care providers, VA Secretary Robert McDonald has proposed pay hikes for VA doctors and dentists, Hutton said. McDonald announced a restructuring of the VA on Nov. 10.

The new data show that dozens of hospitals and clinics leave a quarter or more of all their patients waiting 30 days or more for an appointment. Some facilities still have extremely long wait times for basic care, including 64 that have average wait

times over 60 days for new patients seeking primary care. They include major facilities, such as hospitals in Baltimore; Jacksonville, Fla.; Temple, Texas, and Atlanta. All have at least 30,000 pending appointments. In Jacksonville, the average new patient is left waiting 77 days, a fact that previously obscured in the VA's data because it was averaged into the much-better performance of the nearby Gainesville hospital. Jacksonville only sees two-thirds of its patients within 30 days, the worst rate of any major facility in the VA system. The VA is hiring more staff to deal with those delays, Hutton said.

- Ten facilities reported waits of more than three months for a new patient to see a specialist. At the top of the list: the Westmoreland, Pa., clinic, where patients are waiting 174 days — nearly six months — for a specialty appointment. Thirty-three facilities have kept new patients seeking a mental-health appointments waiting for at least two months. Among those are large hospitals in Martinsburg, W.Va., Amarillo, Texas, and Tuskegee, Ala. And 10 clinics and hospitals kept established patients waiting at least three weeks longer than the patients wanted for mental health appointments.
- Some small locations have big waiting times, too. The Wagner, S.D., clinic near the Nebraska state line, has only 155 total appointments of any type pending — and its new patient wait time is 153 days.

The data looks at nearly 6 million appointments until 1 OCT and scheduled through Veterans Health Administration. Members of Congress continue to express dissatisfaction with the delays in disciplining VA employees involved in covering up the long wait times. "The events of the last year have proven that far too many senior VA leaders have lied, manipulated data, or simply failed to do the job for which they were hired," said Rep. Jeff Miller, a Florida Republican and chairman of House Veterans' Affairs Committee, during a hearing Thursday. "It is also clear that VA's attempt to instill accountability for these leaders has been both nearly non-existent and rife with self-inflicted roadblocks to real reform."

[Source: USA Today | Meghan Hoyer and Tom Vanden Brook | Nov. 16, 2014 ++]

***VA Choice Act Update ► Sharon Helman Formally Removed***

Department of Veterans Affairs officials on 24 NOV said they had “formally removed,” Sharon Helman, the director of the Phoenix VA Health Care System, where the largest nationwide scandal in the agency’s history first came to light this summer. Helman has been on paid administrative leave for nearly six months, following findings that employees at her hospital lied about health-care wait times for former troops seeking treatment for everything from cancer to post-traumatic stress disorder. The action comes amid complaints from a growing chorus of Republicans who said the agency was not acting quickly enough to discipline officials responsible for the wrongdoing, despite legislation this summer to expedite the process for firing VA senior executives. “This removal action underscores VA’s commitment to hold leaders accountable and ensure that Veterans have access to quality and timely care,” the agency said in a short e-mailed statement. “Lack of oversight and misconduct by VA leaders runs counter to our mission of serving Veterans, and VA will not tolerate it,” said Secretary Robert A. McDonald in the statement.

The nationwide scandal cost the former secretary Eric Shinseki his job. He was replaced by McDonald, who has vowed to refocus care on veterans and end the culture of fudging wait times. On the eve of Veteran’s Day, McDonald announced what he called the “biggest reorganization in the agency’s history,” and said he is considering disciplinary action for up to 1,000 employees. But he added that he needed to move carefully and make sure their actions “stick,” so that employees cannot challenge the punishment. The VA will name a new director in Phoenix as quickly “as possible,” the agency said. Longtime administrator Glenn Grippen was brought out of retirement and made interim director of the region. He is the third interim executive to oversee the Phoenix VA Health Care System since it became the center of the controversy.

Congress and President Obama approved legislation this summer to expedite the process for firing VA senior executives in response to the scandal, which involved falsification of scheduling data and retaliation against employees who tried to report problems. Under the new law, an executive who is removed has seven days from the effective date of the removal to file an appeal with the Merit Systems Protection Board (MSPB). The board must issue a decision within 21 days after the appeal is filed. House Veterans’ Affairs Committee Chairman Jeff Miller (R-Fla.) criticized the VA for giving senior executives a five-day notice when it plans to remove them. VA officials have defended this timeline, saying they were

moving as quickly as the law allowed. Veterans groups said the news was welcome, but overdue:

- “I think this is a step in the right direction and what we have been looking for in terms of concrete action against wrongdoing,” said Alex Nicholson, legislative director with Iraq and Afghanistan Veterans of America. “We understood bureaucratic processes made it even longer. But it was frustrating to see how slow they had to go in firing someone.”
- The action against Helman is “a long-awaited step along the road to restored trust between veterans and their federal health-care system,” American Legion National Commander Michael D. Helm said. Unfortunately, as we all soon discovered after the story broke last April, this problem was not isolated to Phoenix. It was widespread, and we expect to see additional consequences, even criminal charges if they are warranted, for anyone who knowingly misled veterans and denied them access to medical services. The termination of one director does not end this scandal, but it is a step.” [Source: The Washington Post | Emily Wax-Thibodeaux | Nov. 24, 2014 ++]

## ***Veterans in Congress Update ► Last WWII Vets Leaving***

With Texan Ralph Hall’s defeat and Michigander John Dingell’s retirement, Congress is saying goodbye to its last World War II veterans. And as it has for generations, the Capitol soon will be greeting arrivals whose military experience offers a new outlook on the nation’s most vexing issues. Next year’s Congress will include its largest class of Iraq and Afghanistan veterans, though the total number of lawmakers with military backgrounds continues to fall.

The newer crop of vets fought with more advanced technology and alongside bigger groups of women and minorities. They also opted into military service, while the older guard served during a draft. “That’s a very different generational experience,” said Peter Feaver, a Duke University political science professor who studies veterans. He noted that World War II veterans returned to a country whose support for the war was widespread. In Congress, where many earned long tenures, they remained united by mutual memories. Newer vets are surrounded by far fewer lawmakers with similar backgrounds.



The departure of the final two World War II vets “is the passing of the torch,” said former Sen. John Warner, a Virginia Republican who fought in World War II and served as secretary of the Navy. “Congress is going to move forward having learned from the World War II generation.” The Congress that takes over in January has from Iraq and Afghanistan a veteran mix of six Democrats and at least 17 Republicans. Two incoming senators, Rep. Tom Cotton of Arkansas and Joni Ernst of Iowa, both Republicans, were the first Iraq veterans elected to the Senate. “A veteran is a veteran,” said Dingell, 88, a former Army lieutenant who joined Congress in 1955, a term longer than anyone else in U.S. history. “He has served his country because he loves it. He serves in it because he believes in it and does his duty without whining or complaining.”

For the newer veterans, the absence of World War II vets leaves a void. “It’s significant if the younger veterans don’t step up,” said Republican Ryan Zinke, a former Navy SEAL who just won Montana’s House seat. Hall and Dingell’s absence brings an end to an era, but the ranks of World War II vets have declined for years. There’s still a chance for one to be elected this cycle. Former Louisiana Gov. Edwin Edwards, an 87-year-old felon, is up for a Louisiana House seat, but he’s expected to lose. He was a Navy aviation cadet during the war’s final months. At least 101 members of the next Congress, including six Texans, have served in the military, says the nonpartisan Veterans Campaign, a group that helps veterans run for office. Undecided races could add three more. That’s less than 1 in 5, a striking drop from past decades, when military service was almost a requirement for getting elected. That shared experience fostered cooperation and long bipartisan relationships. “World War II, as awful as it was, broke down tons of barriers,” said Seth Lynn, director of the Veterans Campaign. “That camaraderie lasted for the rest of their lives.” Hall agreed. “When we differed on the issues, we respected each other and chose to respectfully disagree,” he said in a statement. “That was part of our military training and experience.” Hall, 91, served in the Navy from 1942 to 1945 as an aircraft carrier pilot. Elected in 1980, he’s held his Rockwall-based seat for 17 terms. In May, he lost a GOP runoff to John Ratcliffe, a former U.S. attorney and mayor of Heath.

Both parties encourage veterans to seek office. Candidates can tout their patriotism and commitment to public service and point to their backgrounds as an asset in how they would approach lawmaking. As a group, they particularly are sensitive to veterans affairs and health care. “I look at public office as an

extension of my military service,” said an incoming House freshman, Ruben Gallego, an Arizona Democrat who served in the Marines in Iraq. Like Zinke, he made experience in uniform a central campaign appeal. But veterans groups and academics say military service instills varied views in veterans, especially among congressional newcomers who fought in the most recent conflicts. “They won’t produce any monolithic shift in foreign policy,” said Shaun Rieley of the American Legion. “But they will provide different perspectives about what’s going on.”

[Source: Dallas News | Kimberly Railey | Nov. 24, 2014 ++]

## ***VA Health Care: Improvements Needed to Manage Higher-Than-Expected Demand for the Family Caregiver Program***

### **What GAO Found**

The Veterans Health Administration (VHA)--within the Department of Veterans Affairs (VA)--significantly underestimated caregivers' demand for services when it implemented the Program of Comprehensive Assistance for Family Caregivers (Family Caregiver Program). As a result, some VA medical centers (VAMCs) had difficulties managing the larger-than-expected workload, and some caregivers experienced delays in approval determinations and in receiving program benefits. VHA officials originally estimated that about 4,000 caregivers would be approved for the program by September 30, 2014. However, by May 2014 about 15,600 caregivers had been approved--more than triple the original estimate. The program's staffing was based on VA's initial assumptions about the potential size of the program and consisted of placing a single caregiver support coordinator at each VAMC to administer the program. In addition, each VAMC was to provide clinical staff to carry out essential functions of the program, such as conducting medical assessments for eligibility and making home visits. This led to implementation problems at busy VAMCs that did not have sufficient staff to conduct these program functions in addition to their other duties. As a result, timelines for key program functions, such as those for completing applications within 45 days and making quarterly home visits to caregivers, are not being met. VHA has taken some steps to address staffing shortages; however, some VAMCs have not been able to overcome their workload problems because the program continues to grow at a steady rate--about 500 approved caregivers are being added to the program each month. Federal internal control standards emphasize

the need for effective and efficient operations, including the use of agency resources.

The Caregiver Support Program office, which manages the program, does not have ready access to the type of workload data that would allow it to routinely monitor the effects of the Family Caregiver Program on VAMCs' resources due to limitations with the program's information technology (IT) system--the Caregiver Application Tracker. Program officials explained that this system was designed to manage a much smaller program, and as a result, the system has limited capabilities. According to federal standards for internal control, agencies should identify, capture, and distribute information that permits officials to perform their duties efficiently. However, outside of obtaining basic aggregate program statistics, the program office is not able to readily retrieve data from the system that would allow it to better assess the scope and extent of workload problems at VAMCs. Program officials also expressed concern about the reliability of the system's data, which they must take steps to validate. The lack of ready access to comprehensive workload data impedes the program office's ability to monitor the program and identify workload problems or make modifications as needed. This runs counter to federal standards for internal control which state that agencies should monitor their performance over time and use the results to correct identified deficiencies and make improvements. Program officials told GAO that they have taken initial steps to obtain another IT system, but they are not sure how long it will take. However, unless the program office begins taking steps towards identifying solutions prior to obtaining a new system, VAMCs' workload problems will persist and caregivers will not be able to get the services they need.

### **Why GAO Did This Study**

This testimony summarizes the information contained in GAO's September 2014 report, entitled "VA Health Care: Actions Needed to Address Higher-Than-Expected Demand for the Family Caregiver Program" (GAO-14-675).

## ***New Members Appointed to VA Advisory Committee on Minority Veterans***

The Department of Veterans Affairs (VA) has announced the appointment of five new members to the Advisory Committee on Minority Veterans. The committee

was chartered on November 2, 1994, and advises the Secretary of Veterans Affairs on the needs of the nation's 4.7 million minority Veterans with respect to compensation, health care, rehabilitation, outreach and other benefits and programs administered by the VA. The Committee assesses the needs of Veterans who are minority group members and recommends program improvements designed to meet their needs. The committee members are appointed to two or three-year terms. Minority Veterans comprise nearly 21 percent of the total Veteran population in the United States and its territories.

**The new committee members are:**

**Patricia Jackson-Kelley:** Lt. Col. (US Army-Ret) of Los Angeles, California; Served as one of the first full time Women Veteran Program Coordinators at the Los Angeles VAMC. Currently serves as a member of the LA County Veterans Advisory Council; Board Member of Military Women in Need Organization and LA County Council Commander of the American Legion.

**Librado Rivas:** Command Sgt. Maj. (USA-Ret) of Manassas, Virginia; State Commander of the DC Chapter, American GI Forum of the United States; National Liaison Officer in Washington, DC, for the National Office of the American GI Forum, and Director of the Army Lean Six Sigma.

**Rebecca Stone:** Staff Sgt. (USA-Ret) of Columbia, Maryland; served in Operation Iraqi Freedom and was medically retired under the Wounded Warrior Program through Warrior Transition Units. She is a certified suicide negotiator/first responder. She was also the recipient of the National Association of Female Executives (NAFE) Women of Excellence Award.

**Cornell Wilson, Jr.:** Maj. Gen. (USMC-Ret) of Charlotte, North Carolina; currently serves as Military Advisor to the Governor of North Carolina, where he also advises state agencies and Veteran's organizations on the needs of Veterans.

**Anthony Woods:** Army Veteran of University Park, Maryland; currently serves as the Senior Manager at Cisco System's Consulting Services and consults with the Department of Defense and the Army on IT transformations. Mr. Woods also volunteers with organizations such as Got Your 6 and Hiring Our Heroes.

**The new members join current members:**

**Marvin Trujillo, Jr.,** Committee Chairman, Marine Corps Veteran

**Richard de Moya,** Lt. Col. (USA-Ret)

**Elisandro (Alex) Diaz,** Navy Veteran

**Many-Bears Grinder,** Col. (USA-Ret)

**Harold Hunt**, Army Veteran  
**Sheila Mitchell**, Air Force Veteran  
**Teresita Smith**, Sgt. First Class (USA-Ret)

In addition to working closely with the Advisory Committee on Minority Veterans, VA is improving its services for Veterans who are minority group members:

- Establishing the Office of Health Equity Research and Promotion, which assesses health equity and health disparities within the health care system to ensure adequate policies are in place to reduce disparities in vulnerable minority Veteran populations.
- Funding projects focused on Pacific Rim Veterans, including Spinal Cord Injury outreach and treatment in Hilo, Kona, Maui, Molakai, and Kauai; leveraging telehealth technology to provide clinic based tele-mental health care on the island of Kauai.
- Conducting a 3-year project through VA's Office of Rural Health to establish a collaborative National Native Telehealth Training and Consultative Service which aids in the replication of tele-mental health clinics for use by rural Native American Veterans.

## ***Walz Bill to Name Mankato Vets Facility after Late War Hero Headed to President's Desk***

Washington, DC [12/4/14] – Today, Representative Tim Walz announced that the U.S. Senate passed his bipartisan bill to name the Community-Based Outpatient Clinic (CBOC) in Mankato, MN after late war hero and local legend Lyle Pearson, formally of North Mankato, who passed away January 11, 2013. The entire Minnesota U.S. House of Representatives Congressional Delegation co-sponsored the legislation and it passed the House of Representatives in June. The bill now heads to the President to be signed into law.

Pearson enlisted in the US Army Air Corps in May of 1942. After completing training as a pilot for the B-17 bomber, he was assigned to the 15th Air Force in Europe. First Lieutenant Pearson flew the equivalent of 50 combat missions over occupied territory until he was shot down over Italy in December of 1944. He spent six months as a prisoner of war until the camp was liberated in May 1945.

Lyle was awarded the Distinguished Flying Cross, multiple Air Medals, and the Purple Heart for his bravery.

“Lyle Pearson was the true definition of an American hero,” Representative Walz said. “Through his lifelong dedication to service, both in and out of uniform, Lyle left a profound and everlasting impact on southern Minnesota and the country as a whole.”

After the war, Lyle rejoined his wife at their family farm, but the desire to serve never left him. Beginning in 1957, Lyle administered programs for the Nicollet County Juvenile Court and Nicollet County Court Services, first as the Chief Probation Officer and then as the Director of Court Services. In 1969, he was named the Minnesota Corrections Man of the Year.

In 1961, he served as the Minnesota Department Commander of the Disabled American Veterans (DAV) and in 1975, as National Commander, presenting legislative programs on behalf of the DAV to the House and Senate Veterans Affairs Committees.

Throughout his life, Lyle served in various community leadership positions, including as a board member of the Minnesota Valley Action Council, 4-H club leader, fight judge for the Golden Gloves Boxing program, and for over 54 years as a volunteer at the St. Peter State Hospital.